

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

PROFESSIONAL MEDICAL PERSONNEL AND SUPPORTING STAFF USED IN  
THE ADMINISTRATION OF THE PROGRAM AND THEIR RESPONSIBILITIES

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Attached is a description of the kinds and number of the medical assistance program staff and of their responsibilities.

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STAFF DESCRIPTION  
MEDICAL ASSISTANCE UNIT

The following is a description of the staff positions and responsibilities of the Medical Assistance Unit.

OFFICE OF THE DIVISION DIRECTOR

The Director is responsible to the Executive Director of the Utah Department of Health. See organization chart.

FUNCTIONS

Administers and coordinates the program responsibilities delegated to staff in order to develop Utah's Medicaid program in compliance with Title XIX of the Social Security Act, the laws of the State of Utah and the appropriated budget. This is accomplished by planning, managing and evaluating activities which authorize payments to qualified providers of approved services who submit claims for appropriate and necessary medical assistance rendered to eligible beneficiaries.

MAJOR RESPONSIBILITIES

1. Develop, promulgate and ensure the implementation of plans, policies and procedures consistent with Title XIX of the Social Security Act, the laws of the State of Utah and the appropriated budgets.
2. Delegate to the Director of Medicaid Operations, the responsibility for the operations defined in Health Care Financing's program plans, policies and procedures.
3. Direct the development of long range plans for policy development and cost containment strategies.
4. Supervise, coordinate and evaluate activities of the bureau directors and of the staff of the Office of the Director.
5. Coordinate and oversee the negotiation of all contracts for services.
6. Maintain a liaison with provider and consumer organizations external to the Medicaid program.

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STAFF DESCRIPTION  
MEDICAL ASSISTANCE UNIT

7. Staff and utilize the Medical Advisory Committee for input and advice regarding current and proposed Medicaid policies.
8. Maintain liaison and coordinate activities with other governmental agencies which have an impact on the Medicaid program.
9. Maintain liaison and communication interchange with the Utah State Legislature, leaders and government officials.

STAFF OF THIS OFFICE INCLUDE:

Director, Division of Health Care Financing  
(2) Secretaries  
Staff Attorney  
Management Services Coordinator  
Health Program Specialist

42 CFR REFERENCES

430.0, 430.1, 431.11, 431.12, 432.1, 432.30-55

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DIVISION OF HEALTH CARE FINANCING ORG CHART

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BUREAU OF POLICY AND PLANNING

The need for central coordination of policy development had been documented in a variety of situations. Because policy making transcends all bureaus, this Unit reports to the Office of the Director. See organizational chart.

The position of Director of Policy and Planning has been established to accomplish the following:

1. Centralize the accountability for long-range planning.
2. Manage the development of and maintain the policy for the Utah Medicaid Program.

The general responsibilities of this office include the traditional areas of client benefits and eligibility policies as well as functions related to reimbursement.

RESPONSIBILITIES

This bureau is organized on the basis of accomplishing the following responsibilities:

1. Interpret, analyze and formulate policy recommendation for the Utah Medicaid program.
2. Maintain the State Plan for Medicaid services consistent with federal statutes, regulations, and guidelines.
3. Develop and maintain policies and procedures that define the relationship between external organizations and the Medicaid program.
4. Define the scope of service for all mandatory and optional services offered by Utah's Medicaid program.
5. Respond to internal and external requests to interpret program policies.
6. Establish eligibility policy and maintain close coordination with the Department of Social Services to ensure proper application.

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BUREAU OF POLICY AND PLANNING

7. Review, maintain, and make available to other bureaus in the Division of Health Care Financing all new federal statutes, CFR revision, HCF directives and changes in state management policies and procedures, as appropriate.
8. Establish and maintain continual liaison with external organizations to ensure adequate opportunity for input in the development of policy and procedure.
9. Develop payment methodology for all provider service categories. Coordinate provider input in developing payment methodology. Prepare and maintain written payment policies to be included in provider manuals and the State Plan.
10. Assist the Division Director in developing long-range plans and strategies for program services, cost containment and administrative policies involving policy development.
11. Promulgate Medicaid policies which conform to state rules and laws.
12. Draft and submit rules into the rulemaking process.
13. Promulgate implementation strategies and implementation procedures.

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BUREAU OF POLICY AND PLANNING

The responsibilities of each unit are as follows:

Eligibility Unit

1. Interpret, analyze and make policy recommendations for Medicaid eligibility policy.
2. Evaluate and analyze current eligibility policy.
3. Prepare waivers stemming from threatened federal fiscal sanctions regarding eligibility.
4. Liaison with the Department of Social Services concerning eligibility policy.
5. Coordinate, monitor and advise the director on eligibility hearings.
6. Prepare the State=s Annual Medicaid Eligibility Corrective Action Plan.
7. Represent the Department of Health at quarterly DSS Corrective Action conferences.
8. Assist in the preparation of Health sponsored Medicaid eligibility state legislation.
9. Resolve eligibility complaints.
10. Represent the division with client groups and professional organizations.

Legal and Rulemaking Unit

1. Advise the policy bureau and other bureaus concerning the legal aspect for policy and operations of the Utah Medicaid program.
2. Conduct public hearings concerning policy changes.
3. Support other bureaus concerning public hearings applicable to their areas of

responsibility.

4. Ensure that due process requirements are met concerning Medicaid policy and operations.

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BUREAU OF POLICY AND PLANNING

Legal and Rulemaking Unit

5. Maintain the procedural processes for State Plan and rulemaking changes.
6. Provide technical assistance for the bureaus concerning State Plan changes and rulemaking.

Reimbursement Policy Unit

The Reimbursement Policy Unit has two primary responsibilities:

1. Reimbursement Policy
2. Rate Setting

The following are reimbursement responsibilities:

1. Analyze, research, develop, make recommendations and plan for the implementation of policy impacting the medical assistance budget.
2. Perform highly technical actuarial type cost analysis and cost projections.
3. Analyze program medical benefits (optional and required); participant utilization factors; participant eligibility groups; medical cost including fees; inflationary factors, federal regulation requirements and other risk factors affecting costs in the health care industry.
4. Prepare and make recommendations regarding rate setting and audit procedures, program reviews, quality control, reimbursement policy with related program policies.
5. Prepare and make professional verbal and visual presentations to Division, Department and provider groups.
6. Research Medicaid payment issues and prepare responses to providers.

The following are responsibilities of rate setting:

1. Establish a pricing strategy.
2. Develop pricing policies and methodologies.
3. Create a process to systematically review and update prices.
4. Perform other responsibilities directly related to the price setting functions.

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Health Program Managers

There are two Health Program Managers; each has different programs. One has responsibility for the following programs:

Inpatient Hospital	Certified Nurse
Outpatient Hospital	Anesthetist
Physician	Certified Nurse Midwife
Lab and x-rays	Rural Health/Home Health
	Local Health Departments

The other Health Program Manager has responsibility for these programs:

Early Periodic Screening Diagnosis Treatment	Podiatry
Speech	Dental
Audiology	Transportation
Medical Supplies	Vision
Acquired Immune Deficiency Syndrome	Pharmacy

The duties for both managers are the same but apply to different programs. The primary focus is to analyze, interpret, research and formulate policy recommendations for assigned programs.

Although it is a very short statement (used here in the interest of brevity), there are several professional activities associated with these primary responsibilities. For example, extensive research is required. A comprehensive knowledge of federal regulations; state regulations and program operations is also essential. During policy development, concomitant interaction and coordination is vital with other bureaus and divisions of the Department of Health. In addition to interagency coordination, coordination with regulatory personnel outside the Department of Health is necessary. Coordination is also necessary with provider representatives and client groups. Extensive knowledge of the budgetary process and the overall impact policy has on expenditures is required during the formulation phase. Monitoring of SURS reports for problem identification and policy evaluation is also required. However, the most important and difficult aspect is the professional judgement which is required in order to make the best possible decisions.

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Community Based Services Unit

The Community Based Services Unit is composed of individuals transferred from the Department of Social Services (DSS). It is a unit which had responsibility for the policy and operation of the Social Services Health Plan (SSHP). Since the federal waiver authorizing SSHP was not renewed, the authority to continue DSS programs was obtained through State Plan changes. As a federal condition for State Plan approval, individuals from SSHP had to be transferred to the Single State Agency (Department of Health). Accordingly, Health Care Financing (HCF) is now responsible for the policy and operation (including prior authorization and quality control) of social service programs which are eligible for Medicaid reimbursement. These programs include areas of:

Youth Corrections  
Services to the Handicapped

Family Services  
Mental Health

In addition to the responsibilities associated with social service programs, the unit is also responsible for the following programs:

Long Term Care (Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF) and  
ICF/Mentally Retarded)

Psychology  
End Stage Renal Disease  
Home and Community Based Waivers

42 CFR References:

431.10, 431.18(e), 431.50-53, 431.110, 431.615, 431.625, Part 440, Part 441, 447.50-59, 447.200-262, 447.321-371, 431.110, 431.615

Staff of this Office include:

Director, Medicaid Policy and Planning  
(3) Secretaries  
Technical Writer  
Staff Attorney

(4) Health Program Specialists  
(2) Health Program Managers  
Research Assistant  
Medicaid Reimbursement  
Specialist

Planner	Health Program Representative
Prior Authorization Technician	Health Program Technician
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BUREAU OF POLICY AND PLANNING ORG CHART

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BUREAU OF FINANCIAL SERVICES

The Bureau of Financial Services represents a consolidation of financial support activities within the Division of Health Care Financing. These activities are accomplished through four (4) units which are responsible for the following functions:

Audit

This unit conducts and/or coordinates all internal and external audits of Medicaid service programs and providers. Responsible for coordination and monitoring of all TPL activities, and selective SPR reviews. Conducts internal and operational audits of the Division of Health Care Financing.

Finance

This unit is responsible for all financial aspects to include appropriation request, budget and expenditure tracking for medical services and administration. Responsible for the management of the Management and Administrative Reporting Subsystem (MARS). Responsible for monitoring purchasing and financial monitoring of contracts. Monitors the acquisition of system hardware and software.

Information Systems

This unit is responsible for coordination and monitoring of all Medicaid Management Information System (MMIS) development and maintenance. Responsible for the interface between MMIS users and EDP staff.

Quality Control

This unit is responsible for coordinating and monitoring federally mandated quality control systems including System Performance Review (SPR) and Claims Processing Assessment System (CPAS).

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BUREAU DIRECTOR'S OFFICE

FUNCTION

Coordinate and Manage the Unit Activity within the Bureau.

RESPONSIBILITIES

1. Management of the bureau
  2. Management of special project resources
  3. Annual medical assistance publication
  4. Graphic support
  5. Provide backup secretarial support to the bureau
  6. Maintain bureau library, including:
    - Utah State Plan
    - Medicaid Bulletins
    - Federal Manuals
  7. Maintain Division Policy and Procedure Manual
  8. Maintain Department Policy and Procedure Manual
  9. Monitor correspondence and filing system
  10. Monitor division and bureau suspense system
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AUDIT UNIT

FUNCTION

Coordinate and Monitor Audit Function

RESPONSIBILITIES

1. Internal reviews (division)
  2. Provider audits
  3. Hospital settlements
  4. Internal financial support (division)
  5. Third party liability (TPL) monitoring
  6. Long-term-care audits
  7. External audits
  8. Manage contract audit resources
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FINANCE UNIT

FUNCTION

Manage all financial aspects of the program.

RESPONSIBILITIES

1. Maintain an information base
  2. Federal reporting
  3. MARS - maintenance, development, and training
  4. Appropriation request, budget preparation, and expenditure tracking for medical services and administration
  5. Annual medical assistance publication
  6. Maintain an accounts receivable accounting system
  7. Coordinate and monitor in-state and out-of-state travel requests
  8. Maintain a collection system
  9. Monitor purchase requisitions
  10. Financial tracking of contracts
  11. MARS balancing and output report distribution
  12. Coordinate and monitor computer hardware and software acquisitions
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INFORMATION SYSTEMS UNIT

FUNCTION

Coordinate and monitor MMIS system development and maintenance

Interface between users and EDP staff to coordinate needs and resources

Monitor the acquisition and use of personal computers

RESPONSIBILITIES

1. MMIS development
2. MMIS maintenance
3. External Systems development
4. Personal computer acquisition and use
5. Long range system planning
6. Maintain MMIS library

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QUALITY CONTROL UNIT

FUNCTIONS

Coordinate and monitor the Systems Performance Review (SPR)

Coordinate and monitor the Claims Processing and Assessment System (CPAS)

Quality control interface with the Department of Social Services (DSS)

RESPONSIBILITIES

1. Coordinate and monitor the (SPR), which is a federal review for the Medicaid Management Information System (MMIS) designed to evaluate the effectiveness and efficiency of the Medicaid program based on certain performance standards.
2. Coordinate and monitor the (CPAS), which is a state operated program for assessing the administration of the Medicaid program in accuracy of eligibility determinations, claims processing, and third party liability.
3. Department of Social Services Quality Control - Claims Processing is a program designed to verify the accuracy in the Medicaid eligibility determination process payment.

42 CFR REFERENCES

431.16, 431.501-597, 431.620, 432.55, 432.60, 433.10-433.115

STAFF OF THIS UNIT INCLUDE:

Bureau Director	Director of Audit Section
(2) Secretaries	(4) Auditors
Senior Financial Analyst	Director of Information Analysis
Supervisor, Management Analysis and Reporting	(3) Information Analysts
Research Analyst	Director of Quality Control
Financial Analyst	(2) Health Program Technicians
Health Program Technician	

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BUREAU OF FINANCIAL SERVICES ORG CHART

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BUREAU OF MANAGED HEALTH CARE

FUNCTION

The general function of this bureau is to provide Medicaid clients with an informed choice of health care delivery programs, including Case Management or Health Maintenance Organization (HMO). The bureau monitors the performance of the capitated HMOs and also operates utilization review, prior authorization, post-payment review and S/URS functions.

MAJOR RESPONSIBILITIES

1. Utilization review of acute inpatient hospital admissions.
2. Pre-admission/prior authorization review of non-emergency inpatient hospital admissions, including psychiatric; also prepayment/concurrent review of outlier stays.
3. Prior authorization of ambulatory care and surgical services.
4. Operation of urban and rural Case Management program, including lock-in, client education and waiver continuity.
5. Daily problem research and broad monitoring/negotiation of HMO contracting program.
6. Program development for prepaid health plan services and other contracting initiatives.

42 CFR REFERENCES

434 Subpart C, D and E, 441 Subpart E and F, 447.361-362, 455 Subpart A, 456

STAFF OF THIS UNIT INCLUDE:

Director	(2) Research Assistants
(2) Secretaries	(11) Health Program Representatives
Office Technician II	Abuse Investigator
(3) Health Program Managers	Prior Authorization Technician
(8) Health Program Specialists	Health Program Surveyor

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BUREAU OF MANAGED HEALTH CARE OVERVIEW ORG CHART

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BUREAU OF FACILITY REVIEW

FUNCTIONS

In general, the Bureau of Facility Review is responsible for patient assessment and related activities for patients that are in or are going into nursing care facilities. The Bureau is also responsible for ensuring that health facilities serving Medicaid and Medicare clients are adequate to provide an acceptable quality of care.

MAJOR RESPONSIBILITIES

1. Perform annual on-site inspections of Utah health care providers participating in the Medicare and Medicaid programs to ensure compliance with federal and state standards; certify to the Medicaid agency that providers meet standards for program participation.
2. Perform pre-admission and continued stay reviews of the medical necessity of every Medicaid nursing home patient in the State.
3. Perform an annual inspection of the care received by every Utah nursing home patient who receives Medicaid funds.
4. Ascertain that mentally retarded and psychiatrically impaired residents of institutions and nursing care facilities receive active treatment as required by federal rules.

42 CFR REFERENCES

405.1902, 405.1906, 431.115, 431-151-154, 431.610, 435.1009, 440.150, 442.1-516, Part 456 Subparts D, E, F, H, I, J.

STAFF OF THIS UNIT INCLUDES:

Director	(5) Health Survey Team Chiefs
(2) Secretaries	(3) Physician Consultants - Part-time
(1) Office Manager	(15) Health Program Surveyors
(7) Office Technicians	(9) Health Program Specialists
(2) Health Program Managers	(2) Laboratory Specialist Consultants - Part-

(1) Health Survey Coordinator

time

(1) Radiation Specialist Consultant - Part-time

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BUREAU OF FACILITY REVIEW ORG CHART

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BUREAU OF MMIS OPERATIONS

FUNCTION

This Bureau is responsible for processing Medicaid/UMAP claims in accordance with Federal regulations and State Law and rules. The Bureau receives and accounts for claims and related documents; maintains an accurate computer data base; adjudicates claims excepted by the computer, manually; responds to client and provider inquiries; and trains participating providers in Medicaid policies and procedures. The Bureau is responsible for preparing and disseminating provider manuals and Medicaid Information Bulletins supplying specific Medicaid scope of service benefits and billing instructions.

MAJOR RESPONSIBILITIES

1. Coordination of all operational activities relating to the Medicaid Program. These activities are carried out through the various sections and units of the Bureau. These include the Document Control Unit, Provider Training Unit, Medicaid Information Unit, in the Provider Relations Section; the File Maintenance Unit, Adjudication Unit, Internal Training and Documentation Function, in the Adjudication and File Maintenance Section, and the Functions of Project Coordinator and Provider Communications Coordinator.
2. Provide to the client/provider education of covered services, rate of reimbursement, adjustment process, and prior authorization process.
3. Manage all medical claims, claims research and adjustment, including all functions that relate directly to the recipient, insure that providers are paid accurately and that checks are mailed out properly.
4. Coordinate inter-program operations as they impact Title XIX through the Indigent Medical Assistance Program, Home and Community Based program, presumptive Eligibility Program, Targeted Case Management.
5. Maintain an accurate and effective data processing system to support the administration and operation of the Medicaid Program.
6. Develop and maintain Provider Manuals and Medicaid Information Bulletins.
7. Establish a positive working relationship with all Medicaid providers.
8. Approve and maintain provider and recipient files.

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BUREAU OF MMIS OPERATIONS

9. Educate Medicaid providers concerning administrative policy, program policy, benefit policy and reimbursement policy.
10. Educate Medicaid providers on billing on Medicaid claim forms, prior authorization requests, use of remittance advice, claim correction forms, and adjustment requests.
11. Maintain client and provider relations and respond to their concerns.
12. Respond to mail inquiries on a timely basis in accordance with the program goals and objectives.
13. Implement procedure changes based on policy developed by the Director of Policy and Planning which are pertinent to the payment of medical claims.
14. Process claims submitted for covered services within approved time frames.

42 CFR REFERENCES

431.17, 431.18, 431.107, 431.300-307, 447.45

STAFF OF THIS BUREAU INCLUDE:

Medicaid Operations Manager  
Secretary  
(2) Health Program Managers  
MMIS Supervisor  
Health Program Specialist  
(6) Health Program Representatives  
(3) Medical Claims Supervisors  
Training Specialist  
(5) health Program Technicians  
(13) Medical Claim Technicians  
(2) Office Technicians II  
(6) Office Technicians I

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